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William Loos, MD
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313 N. Figueroa Street
Los Angeles, CA 90012

Tel: (800) 427-8700

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December 5, 2006

Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**ADOPTION OF FINDINGS AND REPORT OF THE PUBLIC HEARING
REGARDING THE CLOSURE OF CENTINELA FREEMAN REGIONAL
MEDICAL CENTER – MEMORIAL CAMPUS EMERGENCY DEPARTMENT
(3rd District) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept the Impact Evaluation Report (IER), which concludes that the closure of Centinela Freeman Regional Medical Center – Memorial Campus Emergency Department (DFH ED) on December 18, 2006 will have a negative impact upon the community.
2. Instruct the Director of Health Services to forward the IER (Attachment I) to the State Department of Health Services (SDHS) within three days of its adoption by the Board.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving these actions, the Board is:

- Concurring with the Emergency Medical Services (EMS) Commission that the closure of DFH ED will have a negative effect upon the community.
- Instructing the Director of Health Services to forward the IER (Attachment I) to the SDHS within three days of its adoption by the Board.

One hundred fifty-two community members and healthcare providers attended the public hearing conducted by the Emergency Medical Services Commission (EMSC) on November 1, 2006. Twenty citizens testified, expressing concern over the loss of the DFH ED.

Supervisor Yvonne Brathwaite Burke, in whose district the hospital is located, testified, as did Congresswoman Maxine Waters, City of Inglewood Mayor Dorn, Assemblymember Mark Ridley-Thomas, and other elected officials.

Representatives from Centinela Freeman Healthsystem outlined the rationale for the closure and a plan to mitigate the loss, as did ED physicians from the

Centinela Campus. Other speakers included the California Nurses Association and the Service Employees International Union.

The Los Angeles City and County Fire Departments testified that their operations would be negatively affected by the closure of DFH ED on December 18, 2006. Speaking on behalf of the remaining public 9-1-1 paramedic provider agencies in Los Angeles County, the representative from LA Area Fire Chiefs Association identified two possible long term problems resulting from the closure: 1) an increase in the number of hours paramedics who are out of service while waiting for hospital staff to assume care of patients who have been transported to the ED, and 2) potential delays in responding to 9-1-1 calls as other advanced life support units (ALS) are moved up to fill in for the unit that is out of service.

FISCAL IMPACT:

There is no direct net County cost associated with the closure of DFH ED; however, County hospitals could be indirectly impacted if patients previously seen at DFH ED seek medical care at those facilities.

FACTS AND PROVISIONS:

The EMSC will be working with EMS constituents and legislators on additional recommendations in Attachment II.

In addition to the Department's recommendations the EMS Commission (EMSC) recommended that your Board work with State legislators to seek a change to existing California State licensing requirements that would limit a hospital's ability to close emergency services, including any reduction of services, until 90 days after notification by State Licensing of its approval of such changes. The Department will refer this recommendation to the Chief Administrative Office Intergovernmental Relations Division for review.

In 1998, AB 2103 (Gallegos) amended the Health and Safety Code to require hospitals to provide at least 90 days advance notice of any planned reduction or elimination of emergency medical services to the SDHS, the County, and healthcare service plans or other third party payers under contract with the hospital. Public notice also must be provided in a manner that is likely to reach a significant number of residents served by the hospital and it must be given at least 90 days in advance of the projected closure date.

In addition, the hospital must take reasonable efforts to ensure that the community it serves is informed of the planned closure by advertising, soliciting media coverage and advising patients and third party payers. SDHS' approval of the elimination of emergency medical services is contingent upon receipt of the County's report on the closure's impact on emergency medical services. The Statute requires at least one public hearing. In Los Angeles County, the Board of Supervisors has appointed the EMSC to conduct the public hearing and the local EMS Agency to prepare the IER. The County is required to provide SDHS with the results of the IER within three days of its completion.

On September 19, 2006, Centinela Freeman Healthsystem notified the Department of Health Services of its plan to close the Memorial Campus ED on December 18, 2006. The Board

instructed the Director of Health Services to proceed with the Impact Evaluation process and the EMSC conducted the public hearing on November 1, 2006. A complete transcript of the hearing is on file at the EMS Agency.

IMPACT ON CURRENT SERVICES:

There will be no impact upon current County services from the closure of DFH ED. Based on the report's findings, and testimony from Centinela Freeman Regional Medical Center and the paramedic provider agencies identified above, there will be an adverse impact to emergency services in the immediate area. This adverse impact may possibly be mitigated following planned operational, staffing and equipment upgrades by the hospitals and provider agencies in the area.

CONCLUSION:

The EMS Agency has concluded that the closure of DFH ED will have a negative impact upon the community.

Respectfully submitted,



Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:cb
609:009

Attachments

- c. Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Director, Emergency Medical Services
Emergency Medical Services Commission
Auditor-Controller

IMPACT EVALUATION REPORT

Closure of Centinela Freeman Regional Medical Center - Memorial Campus Emergency Department

I. PURPOSE

On September 19, 2006, Centinela Freeman Healthsystem advised the Los Angeles County Board of Supervisors, the Emergency Medical Services Agency, State Department of Health Services, Health Facilities Division, and others of their intent to eliminate emergency medical services at Centinela Freeman Regional Medical Center – Memorial Campus (DFH ED) on December 18, 2006. The purpose of this report is to assess the effect of this closure on the community's access to emergency care, services provided by surrounding hospitals, and the effect on services provided by 9-1-1 emergency medical services (EMS) provider agencies.

Following adoption by the Los Angeles County Board of Supervisors, the Impact Evaluation Report (IER) will be submitted to the State of California Department of Health Services, in accordance with provisions of the Health and Safety Code (H&SC) Section 1300.

II. SCOPE

As required by H&SC 1300, the impact evaluation will consider the impact of DFH ED's closure on:

1. Surrounding hospitals, including specialty and disaster services
2. EMS provider agencies
3. The surrounding community

Compliance with public notification requirements as outlined in the H&SC are monitored by the State Department of Health Services.

III. ED CLOSURE REQUIREMENTS

On January 1, 1999, California State Law (H&SC) Sections 1255.1 and 1300 placed new requirements on general acute care hospitals related to service downgrades and closures of emergency departments. Section 1255.1 outlines the hospital's obligations for proper notification. The hospital planning the downgrade or closure must notify the State Department of Health Services, the local government agency in charge of health services, health plans under contract with the hospital, and the public. This notification must be made as soon as possible but not later than 90 days prior to the proposed reduction or elimination of emergency services. Public notice must be provided in a

Attachment I

manner likely to reach a significant number of residents of the community served by the hospital whose emergency services are being reduced or downgraded.

At least one public hearing must be completed within 60 days of notification by the hospital, the results of which must be included in the IER. The IER will be submitted to the State Department of Health Services within three days of completion. In Los Angeles County, the Board of Supervisors has designated the Emergency Medical Services Commission (EMSC) as the body to conduct the required hearing.

The required public hearing was held on **November 1, 2006**, at the Faithful Central Bible Church in the City of Inglewood, located about 1.5 miles from the Memorial Campus. Notification of the closure and an invitation to attend the public hearing were widely disseminated throughout the community by posting public hearing notices, advertising in local newspapers (including a Spanish language newspaper) and individual mailings to State senators, assembly members, mayors, city councils, community clinics and others. Individuals and organizations were invited to participate in the public hearing and/or submit written testimony relevant to the proposed closure of DFH ED. Oral and written testimony was accepted at the hearing and has become part of this report. Data used in this IER were obtained through interviews with surrounding hospitals, the involved 9-1-1 provider agencies, the Los Angeles County ReddiNet® system and from the Los Angeles County Trauma and Emergency Medical Information System (TEMIS).

The EMS Agency has notified the Planning and Zoning Department of the City of Los Angeles of the closure of DFH ED as required by law.

Preliminary statistical data were prepared for the EMSC by the Los Angeles County EMS Agency to assist in conducting the public hearing. This final report, which includes the proceedings and findings of the public hearing, is submitted by the Department of Health Services to the Board of Supervisors for adoption.

III. SUMMARY OF FINDINGS

1. Centinela Freeman Healthsystem owns and operates three general acute care facilities with permits for basic emergency medical services within the County of Los Angeles. Within a 10-mile radius of DFH ED, it owns and operates two acute care facilities with basic emergency medical services: Centinela Freeman Regional Medical Center - Centinela Campus (CNT) and Marina Campus (DFM).

Centinela Campus, located at 555 E. Hardy St., Inglewood is 1.4 miles from DFH ED and offers all the same basic services including a Neonatal Intensive Care Unit (NICU) and neurosurgical coverage. The Sexual Assault Examination Response Team (SART) currently at DFH will be moved to CNT.

Marina Campus, located at 4650 Lincoln Blvd., Marina Del Rey is 7.4 miles from DFH ED. It is licensed as a basic emergency department but is not an Emergency

Attachment I

Department Approved for Pediatrics (EDAP), a SART Center or Perinatal center and has no NICU or neurosurgery. Although all three of the Centinela Freeman Regional Medical Center campuses are currently 9-1-1 receiving hospitals, none is a designated trauma center or paramedic base hospital.

2. There are 22 acute care facilities within ten miles of DFH ED, excluding CNT. Of these, only CNT is within five miles (Appendix A, Service Grid). The combined total number of emergency treatment bays within five miles of DFH is 46. The closure of DFH ED would decrease the number of emergency treatment bays to 24 within the five mile radius. Of the total patients treated within 10 miles of DFH ED, 4% were treated at that facility.
3. DFH and CNT share a service area, which means there is a defined geographic area with boundaries that are shared between two service area hospitals from which 9-1-1 patients are transported. DFH and CNT must accept all runs that fall within their designated service area and can divert only to each other.
4. DFH ED treated 9,115 patients in 2005 that were transported by the 9-1-1 system. The combined number of 9-1-1 transports within the five mile radius of DFH ED in 2005 was 21,756 (Surrounding Facility Impact Analysis – 5 Mile Radius). The number of 9-1-1 patients per treatment bay is 1,681 annually.
5. From an emergency medical services perspective, the closure of DFH ED will impact the residents of the Cities of Inglewood, Hawthorne, Lennox, Athens, Gardena, Lawndale and Los Angeles. The primary EMS provider agencies that will be affected are the Los Angeles Fire Department and the Los Angeles County Fire Department. These impacts will include:
 - a. Longer travel times to reach emergency departments. DFH ED currently receives 6% of the total number of 9-1-1 patients transported by public and private provider agencies within the 10 mile radius.
 - b. Possible delays in obtaining prehospital emergency services as a result of longer out-of-service times for EMS personnel engaged in patient transports to more distant hospitals.
 - c. Loss of geographic availability of basic emergency department services for residents of Inglewood, Hawthorne, Lennox, Athens, Gardena, Lawndale and Los Angeles.
 - d. Loss of a community resource for disaster management purposes.
 - e. Increased requests from other hospitals in the geographical area to divert 9-1-1 ambulances due to an inability to move an increased volume of patients through emergency departments.

Attachment I

- f. Possible increased utilization of 9-1-1 by citizens who currently walk or drive to DFH ED.
- 6. The combined total number of emergency treatment stations in the 10 mile radius is 531 beds (does not include urgent care beds). DFH ED's closure would reduce the number to 509 treatment stations.
- 7. Hospital emergency visits to the 22 facilities within the 10 mile radius were 898,337 patients in 2005. This equals 1692 patients:1 treatment station. DFH ED's closure would reduce the available emergency treatment bays by 4% and result in a ratio of 1765:1 (assuming patients currently seen at DFH ED would seek emergency care at one of the hospitals within the 10 mile radius).
- 8. Data on emergency treatment stations is contingent on all hospitals continuing to operate emergency services within the 10 mile radius.
- 9. Patients with non-life-threatening illness or injury will most likely experience longer waiting times in the emergency departments of surrounding hospitals due to the closure.
- 10. DFH is not licensed for inpatient psychiatric services; therefore, there will be no impact on patients waiting for admission to a psychiatric bed.
- 11. DFH ED is an EDAP facility, treating children from newborn to age 14 years. In the year 2005, 1484 9-1-1 pediatric patients were transported to the EDAP for emergency care. This represents 4% of the total medical pediatric patients in Los Angeles County.
- 12. DFH ED is not a designated trauma center. There will be no impact on patients that meet trauma center criteria or guidelines.
- 13. DFH ED is one of three facilities within the 10 mile radius that offers Sexual Assault Examination Response Team (SART) services. The SART services will be moved to the Centinela campus.

V. CONCLUSION

Based on the above findings, the Los Angeles County EMS Agency concludes that the closure of the emergency department at DFH will have a negative impact on access to delivery of emergency medical services in the City of Inglewood and the surrounding communities.



COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY



CENTINELA FREEMAN REGIONAL MEDICAL CENTER MEMORIAL CAMPUS
EMERGENCY DEPARTMENT CLOSURE

Surrounding Facility Impact Analysis - 5 Mile Radius

Hospitals within a 5 mile radius of Centinela Freeman Regional Medical Center Memorial Campus	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 5 mile radius	Licensed Critical Care Beds (ICU & CCU)	2005 9-1-1 Transports	% of 9-1-1 Transports in the 5 mile radius	Average Monthly ED Visits	2005 Reported Annual ED Visits	% of ED visits in the 5 mile radius	Number of Patients Seen per Treatment Bay (Annual)
Centinela Freeman Regional Medical Center Memorial Campus	22	0	25	9,115	0	3,240	38,883	1	1,767
Centinela Freeman Regional Medical Center Centinela Campus	24	1	31	12,641	1	3,203	38,440	0	1,602
TOTAL	46		56	21,756		6,444	77,323		1,681

Note: Self reported data reflects year 2005.

CONCLUSIONS:		
Number of treatment bays if Centinela Freeman Regional Medical Center Memorial Campus' ED closes	24	48%
Patients per treatment bay (ACEP standard = 2000 patients annually per 1 treatment bay)	1,681	
Estimated increase in patients per treatment bay if Centinela Freeman Regional Medical Center Memorial Campus' ED closes	3,222	92%

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY



CENTINELA FREEMAN REGIONAL MEDICAL CENTER CAMPUS
EMERGENCY DEPARTMENT CLOSURE

Surrounding Facility Impact Analysis - 10 Mile Radius

Hospitals within a 10 mile radius of Centinela Regional Medical Center - Memorial Campus	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 10 mile radius	Licensed Critical Care Beds (ICU & CCU)	2005 9-1-1 Transports	% of 9-1-1 Transports in the 10 mile radius	Average Monthly ED Visits	2005 Reported Annual ED Visits	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)
Centinela Freeman Regional Campus	22	4%	26	9,115	6%	3,240	38,883	4%	1,767
Broman Medical Center	12	2%	20	5,301	4%	2,131	25,573	3%	2,131
California Hospital Medical Center	27	5%	28	7,521	5%	4,557	54,680	6%	2,025
Cedars Sinai Medical Center	41	8%	144	8,451	6%	6,418	77,021	9%	1,879
Century City Doctors Hospital (Closed in 5/31/2004, re-opened 4/7/2006)	9	2%	18	0	0%	0	0	0%	0
Childrens Hospital of Los Angeles	26	5%	46	1,832	1%	4,914	58,962	7%	2,268
Centinela Freeman Regional Medical Center Marina Campus	15	3%	12	5,485	4%	1,468	17,611	2%	1,174
East Los Angeles Doctors Hospital	8	2%	10	2,809	2%	1,253	15,034	2%	1,879
Good Samaritan Hospital	12	2%	68	8,566	6%	2,200	26,401	3%	2,200
LAC Harbor/UCLA Medical Center	55	10%	50	7,199	5%	7,643	91,719	10%	1,668
Kaiser Foundation-Los Angeles	49	9%	93	3,768	3%	5,230	62,764	7%	1,281

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY**

**CENTINELA FREEMAN REGIONAL MEDICAL CENTER MEMORIAL CAMPUS
EMERGENCY DEPARTMENT CLOSURE**

Surrounding Facility Impact Analysis - 10 Mile Radius

Hospitals within a 10 mile radius of Centinela Regional Medical Center - Memorial Campus	Emergency Department (ED) Beds (Treatment Beds)	% of Treatment Beds in the 10 mile radius	Licensed Critical Care Beds (ICU & CCU)	2005 9-1-1 Transports	% of 9-1-1 Transports in the 10 mile radius	Average Monthly ED Visits	2005 Reported Annual ED Visits	% of ED Visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)
Kaiser Foundation-West Los Angeles	31	6%	34	7,968	6%	4,766	57,195	6%	1,845
Little Company of Mary Hospital	29	5%	28	8,466	6%	4,497	53,968	6%	1,861
Memorial Hospital of Gardena	7	1%	10	5,658	4%	1,870	22,442	2%	3,206
Olympia Medical Center	14	3%	12	7,727	5%	1,692	20,302	2%	1,450
Marlin Luther King Jr/Charles Drew Medical Center	29	5%	59	11,715	8%	3,936	47,232	5%	1,629
Queen of Angels/Hollywood Presbyterian Medical Center	20	4%	36	8,819	6%	2,933	35,200	4%	1,760
St. Francis Medical Center	33	6%	36	12,469	9%	4,869	58,430	7%	1,771
Saint John's Health Center	19	4%	57	4,977	3%	2,385	28,620	3%	1,506
Santa Monica-UCLA Medical Center	17	3%	22	5,201	4%	2,424	29,088	3%	1,711
UCLA Medical Center	28	5%	88	6,800	5%	3,426	41,115	5%	1,468
White Memorial Medical Center	28	5%	47	4,672	3%	3,008	36,097	4%	1,289





COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY



CENTINELA FREEMAN REGIONAL MEDICAL CENTER MEMORIAL CAMPUS
EMERGENCY DEPARTMENT CLOSURE

Surrounding Facility Impact Analysis - 10 Mile Radius

Hospitals within a 10 mile radius of Centinela Regional Medical Center - Memorial Campus	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 10 mile radius	Licensed Critical Care Beds (ICU & CCU)	2005 9-1-1 Transports	% of 9-1-1 Transports in the 10 mile radius	Average Monthly ED Visits	2005 Reported Annual ED Visits	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)
TOTAL	531		944	144,519		74,861	898,337		1,692

Note: Self reported data reflects year 2005.



COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY



CENTINELA FREEMAN REGIONAL MEDICAL CENTER MEMORIAL CAMPUS
EMERGENCY DEPARTMENT CLOSURE

Surrounding Facility Impact Analysis - 10 Mile Radius

CONCLUSIONS:

Number of treatment bays if Centinela Freeman Regional Medical Center Memorial Campus' ED closes	509	4% decrease
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Patients per treatment bay (ACEP standard = 2000 patients annually per 1 treatment bay)	1692
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Estimated increase in patients per treatment bay if Centinela Freeman Regional Medical Center Memorial Campus' ED closes	1765	4% increase
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Of the 21 hospitals in Centinela Freeman Regional Medical Center Memorial Campus' 10-mile radius, 5 hospitals are already seeing over 2000 patients per treatment bay.

Closure of Centinela Freeman Regional Medical Center Memorial Campus' ED will have a significant negative impact to surrounding hospitals.



COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY



CENTINELA FREEMAN REGIONAL MEDICAL CENTER MEMORIAL CAMPUS
SERVICE GRID

Hospitals/Services	9-1-1 Receiving ED	Base Hospital	Trauma Hospital / Pediatric Trauma Center (PTC)	Pediatric Medical Care (PMC)	ED Approved for Pediatrics (EDAP)	Obstetrical Services (Perinatal)	Neonatal Intensive Care Unit	Neurosurgical	5150 Designation	Sexual Assault Exams
Centinela Freeman Regional Medical Center Memorial Campus	X				X		X	X		X
Brotman Medical Center	X				X			X	X	
California Hospital Medical Center	X	X	X		X	X	X	X		
Cedars Sinai Medical Center	X	X	X / PTC	X	X	X	X	X	X	
Centinela Freeman Regional Medical Center Centinela Campus	X				X	X	X	X	X	X
Century City Doctors Hospital	X									
Childrens Hospital of Los Angeles	X		PTC	X	X		X	X		
Centinela Freeman Regional Medical Center Marina Campus	X									
East Los Angeles Doctors Hospital	X				X	X				
Good Samaritan Hospital	X					X	X	X		
Kaiser Foundation - L.A.	X					X	X	X	X	
Kaiser Foundation - West Los Angeles	X					X	X			
LAC/Harbor - UCLA Medical Center	X	X	X / PTC	X	X	X	X	X	X	



**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY**



**CENTINELA FREEMAN REGIONAL MEDICAL CENTER MEMORIAL CAMPUS
SERVICE GRID**

Hospitals/Services	9-1-1 Receiving ED	Base Hospital	Trauma Hospital / Pediatric Trauma Center (PTC)	Pediatric Medical Care (PMC)	ED Approved for Pediatrics (EDAP)	Obstetrical Services (Perinatal)	Neonatal Intensive Care Unit	Neurosurgical	5150 Designation	Sexual Assault Exams
LAC / Martin Luther King / Drew Medical Center	X				X	X	X	X	X	
Little Company of Mary	X	X			X	X	X	X		X
Memorial Hospital of Gardena	X				X	X				
Olympia Medical Center	X									
Queen of Angels / Hollywood Pres. Medical Center	X					X	X	X		
Santa Monica - UCLA Medical Center	X				X	X	X	X		X
St. Francis Medical Center	X	X	X		X	X	X	X	X	
St. John's Health Center						X	X	X		
UCLA Medical Center	X	X	X / PTC	X	X	X	X	X		
White Memorial Medical Center	X				X	X	X		X	



**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
CENTINELA FREEMAN REGIONAL MEDICAL CENTER
MEMORIAL CAMPUS
Proximity of Other Local Hospitals (22)**



Hospital	Address	Driving Distance from DFH (Miles)
Brotman Medical Center	3828 Delmas Terrace, Culver City	8.0
California Medical Center – Los Angeles	1401 S. Grand Ave., Los Angeles	9.5
Cedars - Sinai Medical Center	8700 Beverly Blvd., Los Angeles	9.5
Centinela Freeman Regional Medical Center Centinela Campus	555 E. Hardy Street, Inglewood	1.4
Century City Doctors Hospital	2070 Century Park East, Los Angeles	11.9
Childrens Hospital – Los Angeles	4650 West Sunset Blvd., Los Angeles	14.9
Centinela Freeman Regional Medical Center Marina Campus	4650 Lincoln Blvd., Marina Del Rey	7.4
East Los Angeles Doctors Hospital	4060 E. Whittier Blvd., Los Angeles	14.0
Good Samaritan Hospital	616 S. Wilmer St., Los Angeles	10.7
Kaiser Foundation – Los Angeles	4867 Sunset Blvd., Los Angeles	15.1
Kaiser Foundation – West Los Angeles	6041 Cadillac Avenue, Los Angeles	6.7
LAC/Harbor-UCLA Medical Center	1000 W. Carson St., Torrance	13.3
LAC/ Martin Luther King/Charles Drew Medical Center	12021 South Wilmington Avenue, Los Angeles	8.9
Little Company of Mary	4101 Torrance Blvd., Torrance	11.3
Memorial Hospital of Gardena	1145 W. Redondo Beach Blvd., Gardena	9.3
Olympia Medical Center	5900 West Olympia Blvd., Los Angeles	8.1
Queen of Angels/ Hollywood Pres. Medical Center	1300 North Vermont Avenue, Los Angeles	14.7
Santa Monica – UCLA Medical Center	1250 16 th Street, Santa Monica	11.7
St. Francis Medical Center	3630 East Imperial Highway, Lynwood	11.5
St. John's Health Center	1328 22 nd Street, Santa Monica	11.2
UCLA Medical Center	10833 LeConte Avenue, Los Angeles	11.2
White Memorial Medical Center	1720 Cesar Chavez Ave., Los Angeles	12.9

Mileage source: www.Mapquest/maps.com



**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
U.S. Census Bureau - Census 2000
Demographic Data for the Cities Impacted by DFH ED Closure**

	Inglewood 2005	Hawthorne 2005	Los Angeles City 2005	Lennox 2000	Athens 2000	Gardena 2000	Lawndale 2000
Total Population	120,204*	100,754*	3,731,437*	22,950	9,101	57,746	31,711
Population < 5 years	11,569*	13,171*	287,230*	2,440	804	4,348	2,950
Population > 65 years	10,923*	5,909*	345,987*	832	660	7,146	1,788
Median Income 1999	\$34,269	\$31,887	\$39,942	\$27,991	\$39,028	\$44,906	\$37,012
Income in 1999 < Poverty Level	27,646 23%	16,822 20%	801,050 22%	7,262 32%	2,366 26%	8,944 16%	5,457 17%
Education – Bachelors Degree or Higher (population>25 years)	18,030* 15%	18,135* 18%	682,365* 29%	335 3%	606 12%	6,354 17%	2,298 13%
Ethnicity - Not Hispanic or Latino	51,687* 43%	48,361* 52%	1,907,064* 51%	2,950 10%	54,606 60%	39,374 68%	15,196 48%
Tenure – owner occupied	36%	26%	39%	29%	55%	47%	33%

* Data obtained from 2000 U.S. Census Bureau except when 2005 data was available

**Motions Introduced/Adopted by the EMSC at the
November 1, 2006 Public Hearing**

1. Work with local jurisdictions to seek a reduction in City/County Business Tax for physician providers who work in and whose offices are located in medical underserved areas.
2. Examine the efficiency and efficacy of service areas in the County of Los Angeles to better to better manage volume surges.
3. Work with the State Legislature, California Hospital Association (CHA) and other key stakeholders to address the negative financial impact of the County's Lateral Transfer policy on the private sector and seek financial solutions (e.g., Proposition 86, the Alarcon Bill, etc.)
4. Request the Hospital Association of Southern California (HASC) and CHA to develop a White Paper on patient flow to improve the operational efficiencies of hospitals.
5. Develop a web based Community Health Care Resource Directory.
6. Request that our Congressional delegation seek an increase in recruitment and retention efforts, and federal funding for physicians and allied health professionals to work in medically underserved areas.
7. Request that the Board of Supervisors work with State legislators to seek a change in existing California State licensing requirements that would limit a hospital's ability to "close" emergency services, including any reduction of services, until 90 days after notification by State Licensing of its approval of such change(s).
8. Request that the State develop a statewide task force of key stakeholders to include providers, legislators, business community representatives, researchers, administrators, etc., to develop potential solutions to improving health care access in medically underserved communities with the State and to ensure that these solutions are enacted. These solutions include, but are not limited to:
 - a. Establishing formal "medical enterprise" zones that provide tax relief or credits and incentives for providers, hospitals, and clinics that provide health care services in medically underserved areas. These benefits may include supplemental funds, expediting building plans, payroll tax allowances for non-profits, tax credits for for-profits, reduction of state or local income tax for physicians serving on cal panels of hospitals with basic ED services.

Attachment II

- b. When planning for communities, there is a property transfer fee imposed in consideration for appropriate healthcare services as is the case for schools, water, sewage, streets, and other essential services.
 - c. Seek expansion of the California Medical Board's program to fund healthcare providers who commit to working in medically underserved communities.
 - d. Petition that the State Legislature and California Medical Assistance Commission correct the disparity in Medi-Cal reimbursement rates for providers and hospitals between Northern and Southern California and ensure the revised rates are optimal for hospitals and providers.
 - e. If, by March 31, 2007, an action plan to accomplish Item D above is not completed, request that the Board of Supervisors seek to sponsor a ballot initiative that would limit the ability of the State to pay a hospital less for Medi-Cal patients due to geographic location.
 - f. Request that the State develop a mechanism of oversight to review hospitals financial performance on a periodic basis to better monitor hospitals that may be in financial trouble to better develop a plan of action before closure is warranted.
 - g. Improve planning efforts between the public and private sector when rightsizing health care services for a geographic community.
9. Request that the State consider a bond issue for the seismic retrofit of hospitals.